More Than Meets The Eye:  
The Art of Medical Observation

Samantha X.Y. Wang, BA

1 Yale University School of Medicine, New Haven, CT

I stared at the drunken men in the painting. Their faces were flushed, their robes were rumpled, and their wigs were disheveled as they caroused in a sooty room. The canvas reflected my state of mind at that moment—cluttered, disordered, and uncertain. Standing beneath the skylights of the Center for British Art, it felt as though I were under stage lights as I struggled to come up with an intelligent interpretation.

Next to me were five of my classmates and a senior physician as the medical docent, all waiting for my presentation. Two hours prior, we had begun an expedition through the exhibit for Yale’s “Observational Skills Workshop,” where paintings replace patients and our eyes supplant stethoscopes in uncovering the stories and secrets behind each work. My mind reeled back to dumbfounded moments standing in front of Rothko canvases and Monet landscapes. My brain chatted away frantically, laboring to recall artsy terms and searching for that “right answer” I had certainly encountered in a textbook or a museum placard. I could come up with nothing. The painting we were contemplating was Hogarth’s A Midnight Modern Conversation (Figure 1), a piece that initially appears to be a somber portrayal of drunken revelers.

“Observe. What do you see?” the attending asked.

Observe. It was a word I had exercised so many times before in the clinics of physicians I had shadowed and by the bedsides of patients with whom I sat; yet, the word left me uneasy. Observation is an act that requires silent reflection, to notice an answer rather than conjure a memorized response. Silence was hard for me. Silence represented an unknowing void and a trust that, as students, we are seldom exposed to and practice.

I observed the painting: a sleeping dog, a timepiece reading four o’clock, a large looming drape, a corner piled high with used pipes and goblets, a man sprawled across the floor, the remaining crew foolishly inebriated. I stared at the painting in silence for ten minutes before speaking my next words. “The pile of goblets suggests this carousing is frequent, and the dark curtain invokes a sense of secrecy. The portrayals of the men are comical. I believe Hogarth is satirizing the frequent, lewd socializing of the upper class.”

But what was the purpose of all this? The exercise of visual analysis is inextricably tied to the practice of medicine, yet, analytical observation is seldom taught in medical school. Yale’s “Observational Skills Workshop” is a pioneer session using Victorian paintings as a tabula rasa to teach students analytical observation and improve diagnostic skills. The session concludes with a foray through photographs of skin condi
tions, as we squint to discern the qualities that distinguish scleroderma from hereditary hemorrhagic telangiectasia, and benign nevi from melanomas.

Three years following the workshop, while volunteering as a primary care provider in a free health clinic, I was reminded of my experience. My patient was a 49-year-old male refugee, who arrived for a follow up appointment for chronic nasal congestion. The history and exam were brief. Just as I was about to complete our encounter, I hesitated. Something felt off. I took a second look at this silent man seated in front of me. His shoulders slumped. He sighed wearily. He looked haggard with puffy eyes and wasted temples. He avoided my gaze, fixing his eyes on the floor and never smiled during our interaction. He appeared solemn, distant, and pensive. I observed and remarked, “You appear to be deep in thought. Is something on your mind?”

He was a single father of three, independently raising his children on an $18,000 salary by working graveyard shifts in an assembly line making medical syringes and needles. He reported poor sleep, low energy, reduced appetite, weak concentration, having little interest in hobbies, and feeling “hopeless” for the past six months. His silence led me to the answer for the real reason for his appointment: major depressive disorder.

“Silence was hard for me. Silence represented an unknowing void and a trust that, as students, we are seldom exposed to and practice.”

I thought back to my ten minutes in front of Hogarth’s painting. That same silence was there, creating what felt like an infinite gap before it collapsed, and arrived at something true and tangible. It required a second look: a moment more to linger and assess the situation.

In today’s culture, a culture that demands physicians to arrive at thorough diagnoses following brief interactions, the art of detailed observation is lost. A recent study examining time allocation
among medical interns revealed that on average, interns spend 7.7 minutes with a patient. Comprehensiveness and accuracy are exchanged for efficiency. The expanse of medical knowledge and minutiae of signs and symptoms become condensed into learned trigger phrases that thrust us towards a diagnosis. We begin to see only what we are looking for.

Examining Hogarth’s painting, I notice something I had missed upon first glance. At the center of the canvas lies a young drunkard stretched across the floor, his goblet shattered from his fall with fragments of glass mid-air as a dog sleeps soundly nearby. Hogarth captured a single moment, but shared an entire story: the daytime affairs of the elite, a typical night of merriment that follows, the young lad’s tumble right before awakening the canine, and the anticipation of the chaos that ensues. Our encounters with our patients are similar. We are offered a mere glimpse into their stories, and we may direct attention only to the overt attributes of the moment. However, if we allow our eyes to absorb and think for a moment longer, we can observe and unravel their past, present, and future.

“The expanse of medical knowledge and minutiae of signs and symptoms become condensed into learned trigger phrases that thrust us towards a diagnosis. We begin to see only what we are looking for.”

REFERENCES
